

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	52	12/1/04
FORMALITY REVIEW	<i>[Signature]</i>	1020	4/1/05
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
1	11/1/04
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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